

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2008Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ACKERMAN INSTITUTE FOR THE FAMILY		D Employer identification number 13-1923959
		Doing Business As		E Telephone number (212) 879-4900
		Number and street (or P O box if mail is not delivered to street address) Room/suite 149 EAST 78TH STREET		G Gross receipts \$ 3,439,428
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10075		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
F Name and address of principal officer LOIS BRAVERMAN SAME AS ABOVE		H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I Tax-exempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: WWW.ACKERMAN.ORG				
K Type of organization X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1960 M State of legal domicile NY		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities THE INSTITUTE IS DEDICATED TO THE STUDY, DIAGNOSIS AND TREATMENT OF FAMILY RELATIONSHIP PROBLEMS AND TO THE TRAINING OF FAMILY THERAPISTS.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	28	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28	
	5	Total number of employees (Part V, line 2a)	5	83	
	6	Total number of volunteers (estimate if necessary)	6	NONE	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
7b		Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
			Prior Year	Current Year	
8		Contribution and grants (Part VIII, line 1h)	5,756,961.	1,197,815.	
9		Program service revenue (Part VIII, line 2g)	1,179,767.	1,316,986.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	513,955.	-3,117,770.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,441.	292,615.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,474,124.	-310,354.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		36,268.
		14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,727,055.	2,195,488.	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		28,350.	
	b	Total fundraising expenses, Part IX, column (D), line 25 ▶ 221,563.			
	17	Other expenses (Part IX, column (A), lines 11a-11d) 111,240	1,042,362.	740,414.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,769,417.	3,000,520.	
	19	Revenue less expenses Subtract line 18 from line 12	3,704,707.	-3,310,874.	
Net Assets or Fund Balances			Beginning of Year	End of Year	
	20	Total assets (Part X, line 16)	7,039,445.	3,207,065.	
	21	Total liabilities (Part X, line 26)	879,000.	740,631.	
	22	Net assets or fund balances Subtract line 21 from line 20	6,160,445.	2,466,434.	

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer LOIS BRAVERMAN CEO		Date 5/14/10	
Paid Preparer's Use Only	Preparer's signature	Date MAY 11 2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00183769
	Firm's name (or yours if self-employed), address, and ZIP + 4	CONDON O'MEARA MCGINTY & DONNELLY L ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405		EIN ▶ 13-3628255 Phone no ▶ 212-661-7777
	May the IRS discuss this return with the preparer shown above? (See instructions) X Yes <input type="checkbox"/> No <input type="checkbox"/>			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 12 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 1,875,183. including grants of \$ 36,268.) (Revenue \$ 963,122.)
EDUCATION AND WORKSHOPS (SEE SCHEDULE O).4b (Code _____) (Expenses \$ 508,321. including grants of \$ _____) (Revenue \$ 353,864.)
CLINIC SERVICES (SEE SCHEDULE O).

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 2,383,504. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U S ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	41
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	83
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	1a 28	
b Enter the number of voting members that are independent	1b 28	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5 X	
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9a Does the organization have local chapters, branches, or affiliates?	9a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10 X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official?	15a X	
b Other officers or key employees of the organization?	15b	X
Describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NEW YORK

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► THE INSTITUTE, 149 EAST 78TH STREET, NEW YORK, NY 10075
(212) 879-4900

Part VIII Statement of Revenue

13-1923959

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	181,420.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,016,395.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,197,815.			
Program Service Revenue				Business Code			
	2a	TUITION AND FEES		963,122.	963,122.		
	b	PATIENT SERVICES		353,864.	353,864.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,316,986.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	STMT 2	82,051.			82,051.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	81,150.				
	b	Less: rental expenses					
	c	Rental income or (loss)	81,150.				
	d	Net rental income or (loss)		81,150.			81,150.
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	414,659.				
	b	Less: cost or other basis and sales expenses	3,614,480.				
	c	Gain or (loss)	-3,199,821.				
	d	Net gain or (loss)		-3,199,821.			-3,199,821.
	8a	Gross income from fundraising events (not including \$ 181,420. of contributions reported on line 1c) See Part IV, line 18	STMT 3 337,130.				
	b	Less: direct expenses	135,302.				
	c	Net income or (loss) from fundraising events	STMT 4	201,828.	201,828.		
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS		9,637.	9,637.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		9,637.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		-310,354.	1,528,451.		-3,036,620.	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	36,268.	36,268.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	311,880.	245,969.	44,002.	21,909.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	1,591,758.	1,255,363.	224,576.	111,819.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	7,185.	5,666.	1,014.	505.
9 Other employee benefits	135,963.	107,229.	19,183.	9,551.
10 Payroll taxes	148,702.	117,276.	20,980.	10,446.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	31,896.	7,552.	21,792.	2,552.
d Lobbying				
e Professional fundraising services See Part IV, line 17	28,350.			28,350.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	101,486.	75,004.	11,087.	15,395.
14 Information technology	47,977.	39,911.	5,333.	2,733.
15 Royalties				
16 Occupancy	70,773.	52,193.	13,723.	4,857.
17 Travel	5,924.	5,275.	649.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,329.	27,003.	3,323.	3.
20 Interest	23,140.	18,270.	3,248.	1,622.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . . .	68,810.	54,327.	9,658.	4,825.
23 Insurance	38,312.	30,354.	5,307.	2,651.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a HONORARIUMS AND RESEARCH -----	252,201.	251,201.	1,000.	
b FINANCE CHARGES -----	28,787.	22,728.	4,040.	2,019.
c EQUIPMENT AND OTHER LEASING -----	33,570.	26,588.	4,656.	2,326.
d MISCELLANEOUS -----	7,209.	5,327.	1,882.	
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	3,000,520.	2,383,504.	395,453.	221,563.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,512.	1	41,758.
	2 Savings and temporary cash investments	574,507.	2	592,175.
	3 Pledges and grants receivable, net	168,972.	3	140,622.
	4 Accounts receivable, net	109,051.	4	124,449.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	66,315.	9	64,971.
	10a Land, buildings, and equipment cost basis	10a 1,854,468.		
	b Less accumulated depreciation. Complete Part VI of Schedule D.	10b 1,227,587.		
		656,807.	10c	626,881.
	11 Investments - publicly traded securities. SFMT. 5	5,419,849.	11	1,616,209.
	12 Investments - other securities. See Part IV, line 11	26,432.	12	NONE
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,039,445.	16	3,207,065.	
Liabilities	17 Accounts payable and accrued expenses	185,551.	17	107,394.
	18 Grants payable		18	
	19 Deferred revenue	197,021.	19	116,223.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties SFMT. 6		23	493,226.
	24 Unsecured notes and loans payable.		24	
	25 Other liabilities. Complete Part X of Schedule D	496,428.	25	23,788.
	26 Total liabilities. Add lines 17 through 25.	879,000.	26	740,631.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	276,038.	27	258,673.
	28 Temporarily restricted net assets	3,841,268.	28	543,030.
	29 Permanently restricted net assets	2,043,139.	29	1,664,731.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	6,160,445.	33	2,466,434.
	34 Total liabilities and net assets/fund balances	7,039,445.	34	3,207,065.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,499,905.	1,524,821.	1,503,716.	5,756,961.	1,197,815.	11,483,218.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	820,991.	989,341.	1,228,233.	1,353,354.	1,654,116.	6,046,035.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	2,320,896.	2,514,162.	2,731,949.	7,110,315.	2,851,931.	17,529,253.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	227,639.	314,078.	338,459.	315,300.	234,120.	1,429,596.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.	227,639.	314,078.	338,459.	315,300.	234,120.	1,429,596.
8 Public support. (Subtract line 7c from line 6)						16,099,657.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	2,320,896.	2,514,162.	2,731,949.	7,110,315.	2,851,931.	17,529,253.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,159.	52,834.	59,802.	76,022.	163,201.	393,018.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	41,159.	52,834.	59,802.	76,022.	163,201.	393,018.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	24,958.	13,711.	42,121.	23,441.	9,637.	113,868.
13 Total support. (Add lines 9, 10c, 11, and 12)						18,036,139.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	89.26%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	NONE%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.18%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	NONE%

- 19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS INCOME	24,958.	13,711.	42,121.	23,441.	9,637.	113,868.
TOTALS	24,958.	13,711.	42,121.	23,441.	9,637.	113,868.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS
=====DESCRIPTION
-----AMOUNT

GALA	127,930.
THEATRE BENEFIT	44,235.
	9,255.

TOTAL	181,420.
	=====

FORM 990, PART VIII - FUNDRAISING EVENTS
=====

DESCRIPTION -----	GROSS INCOME -----	DIRECT EXPENSES -----	NET INCOME -----
GALA	259,200.	96,334.	162,866.
THEATRE BENEFIT	77,930.	38,968.	38,962.
RUSTY MAGEE			
TOTALS	337,130.	135,302.	201,828.
	=====	=====	=====

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,884,407.				
b Contributions	343,414.				
c Investment earnings or losses	-3,498,791.				
d Grants or scholarships					
e Other expenditures for facilities and programs	521,269.				
f Administrative expenses					
g End of year balance	2,207,761.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 75.4036 %
 c Term endowment ▶ 24.5964 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		55,000.		55,000.
b Buildings		1,135,478.	646,561.	488,917.
c Leasehold improvements				
d Equipment		261,261.	190,733.	70,528.
e Other		402,729.	390,293.	12,436.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))				626,881.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13[illegible]**Part IX** **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	▶

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
SALARIES & PAYROLL TAXES PAYABLE	23,788.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	23,788.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-310,354.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,000,520.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,310,874.
4	Net unrealized gains (losses) on investments	4	-383,137.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-383,137.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,694,011.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,617,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	5,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,333,989.
e	Add lines 2a through 2d	2e	3,338,989.
3	Subtract line 2e from line 1	3	-721,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	411,487.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	411,487.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-310,354.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,311,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,333,989.
e	Add lines 2a through 2d	2e	3,338,989.
3	Subtract line 2e from line 1	3	2,972,170.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	28,350.
c	Add lines 4a and 4b	4c	28,350.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,000,520.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

SEE PAGE 5

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	-310,354.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,000,520.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,310,874.
4	Net unrealized gains (losses) on investments	4	-383,137.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-383,137.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,694,011.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,617,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	5,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	3,333,989.
e	Add lines 2a through 2d	2e	3,338,989.
3	Subtract line 2e from line 1	3	-721,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	411,487.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	411,487.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	-310,354.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,311,159.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,000.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,333,989.
e	Add lines 2a through 2d	2e	3,338,989.
3	Subtract line 2e from line 1	3	2,972,170.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	28,350.
c	Add lines 4a and 4b	4c	28,350.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,000,520.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

PART V - QUESTION 4

THE INSTITUTE USES THE ENDOWMENT FUNDS FOR SCHOLARSHIPS FOR STUDENTS IN
TRAINING PROGRAMS AND TO SUPPORT RESEARCH FOR THE INSTITUTE.

RECONCILIATION OF REVENUE

PART XII - LINES 2D & 4B

2D. EXTRAORDINARY LOSS: (\$3,333,989.)

4B. UNREALIZED LOSS ON INVESTMENTS: (\$383,137.)

4B. GROSS UP FROM SPECIAL EVENT EXPENSES: \$28,350.

RECONCILIATION OF EXPENSES

PART XIII - LINES 2D & 4B

2D. EXTRAORDINARY LOSS: (\$3,333,989.)

4B. PROFESSIONAL FUNDRAISER EXPENSE: \$28,350.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization
ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|---|-------------------------------------|-------------------------|---|-------------------------------------|---------------------------------------|
| a | <input checked="" type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input checked="" type="checkbox"/> | Email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input checked="" type="checkbox"/> | Phone solicitations | g | <input checked="" type="checkbox"/> | Special fundraising events |
| d | <input checked="" type="checkbox"/> | In-person solicitations | | | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
E & R EVENT DESIGN, INC.	GALA		X	387,130.	28,350.	
Total ►				387,130.	28,350.	

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
	<u>GALA</u> (event type)	<u>THEATRE BENEFIT</u> (event type)	<u>1</u> (total number)	
Revenue				
1 Gross receipts	387,130.	122,165.	9,255.	518,550.
2 Less Charitable contributions	127,930.	44,235.	9,255.	181,420.
3 Gross revenue (line 1 minus line 2)	259,200.	77,930.		337,130.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs				
7 Other direct expenses	96,334.	38,968.		135,302.
8 Direct expense summary Add lines 4 through 7 in column (d)				(135,302.)
9 Net income summary Combine lines 3 and 8 in column (d)				201,828.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine lines 1 and 7 in column (d)				
9 Enter the state(s) in which the organization operates gaming activities _____				
a Is the organization licensed to operate gaming activities in each of these states?				9a
b If "No," Explain. _____				
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				10a
b If "Yes," Explain: _____				
11 Does the organization operate gaming activities with nonmembers?				11
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?				12

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
16	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

PART I - QUESTION 2

THE REACH INSTITUTE WAS CONTRACTED BY ACKERMAN TO SET UP A PROTOCOL FOR A
INDEPENDENT STUDY INVOLVING SEVERAL UNIVERSITIES ON ADULT ATTENTION
DEFICIT/HYPERACTIVITY DISORDER (ADHD).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

5

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer Identification number

13-1923959

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA BEZAQUEN TRUSTEE	3.	X						NONE	NONE	NONE
BLAIR BREWSTER TRUSTEE	3.	X						NONE	NONE	NONE
CLYDE BROWNSTONE TRUSTEE - FORMER	3.	X						NONE	NONE	NONE
TREVOR CROW TRUSTEE	3.	X						NONE	NONE	NONE
JEANNIE ACKERMAN CURHAN TRUSTEE	3.	X						NONE	NONE	NONE
LINDA DISHY TRUSTEE	3.	X						NONE	NONE	NONE
JANE P. DONALDSON TRUSTEE	3.	X						NONE	NONE	NONE
ALFRED G. FELIU TRUSTEE	3.	X						NONE	NONE	NONE
THOMAS G. KAHN TRUSTEE	3.	X						NONE	NONE	NONE
DORIS C. KEMPNER TRUSTEE	3.	X						NONE	NONE	NONE
KATHY LECUBE TRUSTEE	3.	X						NONE	NONE	NONE
MATTHEW LEEDS TRUSTEE	3.	X						NONE	NONE	NONE
CAROLE MALLEMENT TRUSTEE	3.	X						NONE	NONE	NONE
CAROL MORLEY TRUSTEE	3.	X						NONE	NONE	NONE
ALICE K. NETTER TRUSTEE	3.	X						NONE	NONE	NONE
JOHN R. O'NEILL TRUSTEE	3.	X						NONE	NONE	NONE
PAULA K. OPPENHEIM TRUSTEE	3.	X						NONE	NONE	NONE
ALAN QUASHA TRUSTEE	3.	X						NONE	NONE	NONE
PAUL H. RICH TRUSTEE	3.	X						NONE	NONE	NONE
GREGORY T. ROGERS TRUSTEE	3.	X						NONE	NONE	NONE
SHERI SANDLER TRUSTEE	3.	X						NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

JSA

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SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANA BEZAQUEN TRUSTEE	3.	X						NONE	NONE	NONE
BLAIR BREWSTER TRUSTEE	3.	X						NONE	NONE	NONE
CLYDE BROWNSTONE TRUSTEE - FORMER	3.	X						NONE	NONE	NONE
TREVOR CROW TRUSTEE	3.	X						NONE	NONE	NONE
JEANNIE ACKERMAN CURHAN TRUSTEE	3.	X						NONE	NONE	NONE
LINDA DISHY TRUSTEE	3.	X						NONE	NONE	NONE
JANE P. DONALDSON TRUSTEE	3.	X						NONE	NONE	NONE
ALFRED G. FELIU TRUSTEE	3.	X						NONE	NONE	NONE
THOMAS G. KAHN TRUSTEE	3.	X						NONE	NONE	NONE
DORIS C. KEMPNER TRUSTEE	3.	X						NONE	NONE	NONE
KATHY LECUBE TRUSTEE	3.	X						NONE	NONE	NONE
MATTHEW LEEDS TRUSTEE	3.	X						NONE	NONE	NONE
CAROLE MALLEMENT TRUSTEE	3.	X						NONE	NONE	NONE
CAROL MORLEY TRUSTEE	3.	X						NONE	NONE	NONE
ALICE K. NETTER TRUSTEE	3.	X						NONE	NONE	NONE
JOHN R. O'NEILL TRUSTEE	3.	X						NONE	NONE	NONE
PAULA K. OPPENHEIM TRUSTEE	3.	X						NONE	NONE	NONE
ALAN QUASHA TRUSTEE	3.	X						NONE	NONE	NONE
PAUL H. RICH TRUSTEE	3.	X						NONE	NONE	NONE
GREGORY T. ROGERS TRUSTEE	3.	X						NONE	NONE	NONE
SHERI SANDLER TRUSTEE	3.	X						NONE	NONE	NONE

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

JSA

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V08-8.3

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

2008

**Open to Public
Inspection**

Employer Identification number

13-1923959

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-2 (Form 990) 2008

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4A

EDUCATION AND WORKSHOPS:

FOUNDED IN 1960, THE INSTITUTE IS ONE OF THE OLDEST POSTGRADUATE TRAINING ORGANIZATIONS IN THE WORLD. FOR ALMOST HALF A CENTURY, THE INSTITUTE HAS TRAINED HEALTHCARE, HUMAN SERVICES, EDUCATIONAL AND OTHER PROFESSIONALS TO WORK WITH ALL KINDS OF FAMILIES AT ALL STAGES OF FAMILY LIFE. THE INSTITUTE'S DEEP BELIEF IN AND COMMITMENT TO FAMILY THERAPY HAS PLAYED A MAJOR ROLE IN EXPANDING THE SCOPE OF THE FIELD OF MENTAL HEALTH, AND THE INSTITUTE TODAY IS WIDELY ACKNOWLEDGED AS A PIONEER AND LEADER IN THE FIELD OF FAMILY THERAPY.

THE INSTITUTE TRAINING PROGRAM OFFERS STUDENTS A COURSE OF STUDY THAT COMBINES THEORY WITH DIRECT EXPERIENCE WITH FAMILIES. EACH TRAINEE RECEIVES INDIVIDUALIZED ATTENTION FROM A DISTINGUISHED FACULTY DRAWN FROM THE FIELDS OF SOCIAL WORK, PSYCHOLOGY, FAMILY THERAPY AND PSYCHIATRY. MANY ACKERMAN FACULTY MEMBERS DIRECT CLINICAL RESEARCH PROJECTS THAT FOCUS ON SUCH ISSUES AS URGENT FAMILY CRISES, FAMILY TRANSITIONS FROM WELFARE TO WORK, ALCOHOLISM AND DRUG ABUSE, AND THE IMPACT OF MAJOR MEDICAL ILLNESS ON FAMILY LIFE. THE KNOWLEDGE AND INSIGHTS GAINED FROM THIS RESEARCH ARE INCORPORATED IMMEDIATELY INTO THE INSTITUTE'S TRAINING PROGRAMS AND DISSEMINATED TO MENTAL HEALTH CARE PROFESSIONALS LOCALLY, NATIONALLY AND INTERNATIONALLY THROUGH LECTURES, WORKSHOPS AND PUBLICATIONS.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

IN ADDITION TO ITS CLINIC, THE INSTITUTE ALSO HOUSES FIVE THEMATIC CENTERS THAT PROVIDE SPECIALIZED TRAINING OPPORTUNITIES FOR ALLIED PROFESSIONALS AND ACKERMAN ALUMNAE/I. THE FIVE CENTERS ARE: THE CENTER FOR CHILDREN AND RELATIONAL TRAUMA; THE CENTER FOR THE DEVELOPING CHILD AND FAMILY; THE CENTER FOR FAMILIES AND HEALTH; THE CENTER FOR FAMILIES AND SUBSTANCE ABUSE; AND THE CENTER FOR WORK AND FAMILY.

THE INSTITUTE'S EDUCATIONAL INITIATIVES ADDRESS THE NEED FOR HIGH QUALITY CLIENT CARE AND THE NEEDS OF PRACTICING PROFESSIONALS FOR INNOVATIVE AND MEANINGFUL FAMILY THERAPY TRAINING. THE INSTITUTE'S PROGRAM INCLUDES A RANGE OF OPPORTUNITIES THAT ACCOMMODATE BOTH THE PROFESSIONAL REQUIREMENTS AND TIME CONSTRAINTS OF PRACTITIONERS AT DIFFERENT STAGES IN THEIR CAREERS.

THE INSTITUTE'S TRAINING PROGRAMS ENABLE PRACTITIONERS FROM AN ARRAY OF MENTAL HEALTH FIELDS TO EXPAND THEIR KNOWLEDGE AND SKILLS AS THE PROVISION OF MENTAL HEALTH SERVICES GAINS GREATER RECOGNITION IN THE HEALTHCARE SYSTEM. THE INSTITUTE'S TRAINING PROGRAMS ARE OPEN TO INDIVIDUALS WITH DEGREES IN MARRIAGE AND FAMILY THERAPY, SOCIAL WORK, PSYCHOLOGY, PSYCHIATRY AND MENTAL HEALTH COUNSELING.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PART III - LINE 4B

CLINIC SERVICES:

AT THE ACKERMAN INSTITUTE TREATMENT CENTER, TRAINED THERAPISTS HELP FAMILIES FROM ALL ETHNIC, ECONOMIC AND RELIGIOUS BACKGROUNDS. FAMILY THERAPY IS A METHOD OF UNDERSTANDING AND TREATING EMOTIONAL PROBLEMS AND PERSONAL CRISES BY WORKING WITH THE ENTIRE FAMILY RATHER THAN THE INDIVIDUAL. THERAPY SESSIONS FOCUS ON UNDERSTANDING INDIVIDUALS' THOUGHTS, FEELINGS AND BEHAVIOR WITHIN THE CONTEXT OF THEIR FAMILIES. THE GOAL IS TO HARNESS AND STRENGTHEN FAMILY RESOURCES, AND HELP FAMILY MEMBERS WORK COLLABORATIVELY TOWARDS SOLUTIONS TO THEIR PROBLEMS. THERAPY IS PROVIDED BY PSYCHIATRISTS, PSYCHOLOGISTS AND SOCIAL WORKERS ON THE ACKERMAN FACULTY AND BY CLINICIANS IN POSTGRADUATE TRAINING AND SUPERVISION AT THE INSTITUTE.

THE TREATMENT CENTER HELPS FAMILIES WITH PROBLEMS INCLUDING, BUT NOT LIMITED TO, SCHOOL DIFFICULTIES, CHILD AND ADOLESCENT PROBLEMS, MARITAL ISSUES, DIVORCE, BEREAVEMENT, LEARNING DISABILITIES, FAMILY VIOLENCE, CHILD ABUSE AND INCEST, AND CHRONIC MEDICAL ILLNESS INCLUDING AIDS.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 5

DURING THE 2009 FISCAL YEAR, THE INSTITUTE INCURRED A ONE-TIME
EXTRAORDINARY LOSS OF \$3,333,989, WHICH HAS BEEN REFLECTED IN THE
STATEMENT OF ACTIVITIES. FOR THE YEAR ENDED JUNE 30, 2009, TEMPORARILY
RESTRICTED NET ASSETS WERE DECREASED BY \$3,333,989 RESULTING FROM A
DEFALCATION BY THE MONEY MANAGER OF ONE OF THE INVESTMENT FUNDS THE
INSTITUTE HELD WHICH CAUSED THE LIQUIDATION OF THE INVESTMENT FUND. THE
INSTITUTE FILED A CLAIM FOR THE LOSS WITH THE U.S. BANKRUPTCY COURT FOR
THE SOUTHERN DISTRICT OF NEW YORK IN FEBRUARY 2009. THE INSTITUTE MAY
ALSO HAVE CLAIM TO MONIES THROUGH THE SECURITIES INVESTORS PROTECTION
CORPORATION INSURANCE COVERAGE. SHOULD AND IF ANY MONIES ARE RECOVERED,
THEY WILL BE RECORDED UPON RECEIPT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ACKERMAN INSTITUTE FOR THE FAMILY

Employer identification number

13-1923959

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION A. - QUESTION 10

THE FORM 990 IS INITIALLY REVIEWED BY THE FINANCE COMMITTEE, AN THEN
RELEASED TO THE BOARD OF DIRECTORS TO REVIEW AND APPROVE PRIOR TO FILING.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 12C

THE INSTITUTE REQUIRES THE BOARD OF DIRECTORS AND EXECUTIVE OFFICERS TO
COMPLETE CONFLICT OF INTEREST FORMS. THE FORMS ARE THEN REVIEWED FOR ANY
POSSIBLE CONFLICTS. THE CHAIRMAN IS NOTIFIED IF ANY CONFLICTS EXIST.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

GOVERNANCE, MANAGEMENT, AND DISCLOSURE

PART VI, SECTION B. - QUESTION 15A

THE CEO IS PROVIDED WITH A THREE YEAR CONTRACT. WHEN THE CONTRACT IS UP
FOR RENEWAL, THE CHAIRMAN OF THE BOARD CONDUCTS A PERFORMANCE REVIEW WITH
THE CEO. BASED UPON THE PERFORMANCE REVIEW, CHANGES ARE INCORPORATED
INTO A NEW THREE YEAR CONTRACT. THE EXECUTIVE COMMITTEE OF THE BOARD
VOTES ON FINAL APPROVAL OF THE CONTRACT AND RECOMMENDS TO THE BOARD
ACCEPTANCE OF THE CEO'S CONTRACT AND THE BOARD THEN VOTES ON THE
EXECUTIVE COMMITTEES RECOMMENDATION.

Name of the organization

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

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GOVERNANCE, MANAGEMENT, AND DISCLOSUREPART VI, SECTION C. - QUESTION 19THE INSTITUTE DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTERESTPOLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

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FOUNDED IN 1960, THE ACKERMAN INSTITUTE FOR THE FAMILY IS ONE OF THE PREMIER INSTITUTIONS FOR FAMILY THERAPY AND ONE OF THE BEST-KNOWN AND MOST HIGHLY REGARDED TRAINING FACILITIES FOR FAMILY THERAPISTS IN THE UNITED STATES. THE INSTITUTE SERVES FAMILIES FROM ALL WALKS OF LIFE AT ALL STAGES OF FAMILY LIFE.

THE ACKERMAN INSTITUTE'S MISSION IS TO PROVIDE:

INNOVATIVE COUPLE AND FAMILY THERAPY SERVICES THROUGH ITS ON-SITE CLINIC (LICENSES BY THE STATE OF NEW YORK OFFICE OF MENTAL HEALTH).

STATE-OF-THE-ART TRAINING PROGRAMS FOR MENTAL HEALTH AND OTHER PROFESSIONALS ON-SITE, IN COMMUNITY SETTINGS AND INTERNATIONALLY.

CUTTING-EDGE RESEARCH INITIATIVES THAT FOCUS ON THE DEVELOPMENT OF NEW TREATMENT MODELS AND TRAINING TECHNIQUES.

THROUGH THIS DYNAMIC INTERACTION OF TREATMENT, TRAINING AND RESEARCH, THE INSTITUTE HELPS FAMILIES, SERVES MENTAL HEALTH CARE PROFESSIONALS AND BRINGS INNOVATIVE PERSPECTIVES TO A BROAD ARRAY OF COMMUNITY AGENCIES AND OTHER HEALTH CARE FACILITIES.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
MONEY MARKET INTEREST INCOME	4,601.			4,601.
DIVIDEND INCOME	77,450.			77,450.
TOTALS	82,051.			82,051.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
EQUITIES	1,616,209.	FMV

TOTALS	1,616,209.	
	=====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
=====

LENDER: CREDIT LINE MORTGAGE
ORIGINAL AMOUNT: 850,000.
INTEREST RATE: 1.250000
DATE OF NOTE: 11/30/2006
MATURITY DATE: 12/01/2011
SECURITY PROVIDED: ORGANIZATION'S REAL PROPERTY

BEGINNING BALANCE DUE	453,226.
ENDING BALANCE DUE	493,226.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	453,226.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	493,226.
	=====

**Continuation Sheet for Schedule D
(Form 1041)**

OMB No 1545-0092

2008

► See instructions for Schedule D (Form 1041).

► Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

Employer identification number

ACKERMAN INSTITUTE FOR THE FAMILY

13-1923959

Part I **Short-Term Capital Gains and Losses - Assets Held One Year or Less**[illegible]

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b	-3,199,821.
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For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2008

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization ACKERMAN INSTITUTE FOR THE FAMILY	Employer Identification number 13 1923959
	Number, street, and room or suite no. If a P.O. box, see instructions. 149 EAST 78TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10075	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ►

Telephone No. ► (.....) FAX No. ► (.....)

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN), If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20.....or
► ☒ tax year beginning **7/01**, 20**08**, and ending **6/30**, 20**09**.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ACKERMAN INSTITUTE FOR THE FAMILY	Employer identification number 13 1923959
	Number, street, and room or suite no. If a P.O. box, see instructions. 149 EAST 78TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10075	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2010.
- 5 For calendar year _____, or other tax year beginning 07/01, 2008, and ending 06/30, 2009.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ALL THE INFORMATION NECESSARY TO COMPLETE THE RETURN IS NOT AND WILL NOT BE AVAILABLE BY THE DUE DATE. THEREFORE WE RESPECTFULLY REQUEST ADDITIONAL TIME TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

ACCOUNTANTS AUTHORIZED TO SIGN RETURNS

Signature ▶

Title ▶

Date **FEB 13 2010**